

Chronic Disease Prevention & Control in the Americas



Monthly Newsletter of the PAHO/WHO Chronic Disease Program
Pan American Health Organization
Regional Office of the World Health Organization



Vol. 1, No. 5, May 2007

Editors: James Hospedales, Donna Eberwine Editorial Staff: Pilar Fano, Elizabeth Cafiero, Enrique Pérez-Flores, Maria Pico, Suzanna Stephens

Regional Developments



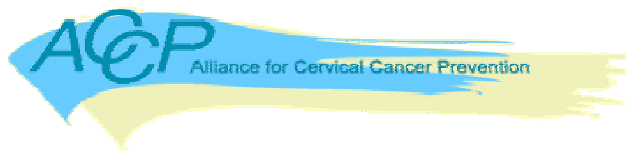
CERVICAL CANCER
PREVENTION IN LATIN AMERICA
AND THE CARIBBEAN

Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in Latin America and the Caribbean, 2008–2015

In June, PAHO's Executive Committee will consider a proposal and resolution for a [Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in Latin America and the Caribbean, 2008–2015](#). This strategy is based on the emergence of HPV vaccines and on new evidence from the Alliance for Cervical Cancer Prevention (ACCP) about cost-effective approaches to screening and treatment of precancer. The strategy calls on PAHO's Secretariat and Member States to collaborate with partner organizations including women's advocacy and support groups, focusing on subregions and countries with the highest disease burden. Lines of action include:

- Advocating and negotiating for equitable access and affordable HPV vaccines for countries in Latin America and the Caribbean.
- Assisting with the revitalization of comprehensive prevention and control programs, which includes improving the effectiveness of screening and treatment services and introducing the HPV vaccine in the public sector.
- Undertaking social communications to raise awareness about cervical cancer and engage communities in prevention efforts, focusing on women from disadvantaged and vulnerable groups, including indigenous women.

- Incorporating the single-visit screen-and-treat approach with visual inspection screening or HPV testing, followed by cryotherapy in primary care centers and through outreach campaigns, particularly in settings where resources are not sufficient to guarantee quality cytology screening (also see next article).
- Improving the access, availability and quality of treatment services and palliative care.



New Recommendations for Effective Cervical Cancer Prevention

Despite its preventable nature, cervical cancer persists as a significant public health problem, where it is estimated that 72,000 new cases and

Contents

| | |
|---|---|
| • Regional Developments | 1 |
| o Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in Latin America and the Caribbean, 2008–2015 | 1 |
| o New Recommendations for Effective Cervical Cancer Prevention | 1 |
| o Winners Announced in PACI Project Competition, Training Workshop Held | 2 |
| • Progress in the Countries | 2 |
| o US-Mexican Border Health Association Diabetes Forum | 2 |
| o VIGITEL: Brazil's Risk Factor Surveillance by Phone | 3 |
| • Announcements | 4 |
| o Upcoming Events | 4 |
| o Call for Abstracts, 2 nd International Cancer Control Congress | 4 |

33,000 deaths occur annually among women in Latin America and the Caribbean. As one of its founding organizations, PAHO has been working in the *Alliance for Cervical Cancer Prevention (ACCP)* to assess innovative approaches to cervical cancer screening and treatment of precancer. New ACCP recommendations for policy and programs in low-resource settings are now available. Studies show that the most efficient and effective strategy for secondary prevention of cervical cancer in low resource settings is to screen using either visual inspection (VIA) or HPV DNA testing, followed by treatment of precancerous lesions using cryotherapy (freezing). This is optimally achieved in a single visit in primary care settings, carried out by trained health providers, including nurses and professional midwives. All 10 recommendations are presented in the ACCP Fact Sheet [10 Key Findings and Recommendations for Effective Cervical Cancer Screening and Treatment Programs](#).

This new evidence is the cornerstone of the [Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in Latin America and the Caribbean, 2008–2015](#) that will be tabled at the June meeting of the PAHO Executive Committee (see lead article).

Winners Announced in PACI Project Competition, Training Workshop Held

Pan American Cardiovascular Initiative (PACI)

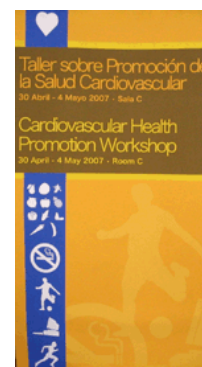


To follow up on the call for proposals made in the [first issue](#) of this newsletter, three winners—from Argentina, Chile, and Guatemala—were

announced by the *Pan American Cardiovascular Initiative (PACI)* for projects on the theme of *Community Intervention Run by Health Promotoras (Non-Professional Health Workers) and Improving Cardiovascular Health in the Americas*. PACI was organized by the PAHO Noncommunicable Disease Unit and the PAHO/WHO Collaborating Center at the National Heart, Lung, and Blood Institute of the US National Institutes of Health ([NIH/NHLBI](#)). Three winning projects—from

Argentina, Chile, and Guatemala—were selected from the 12 submitted.

The winning teams were invited to attend a PACI Awardees' Inaugural Workshop entitled [Promoting Heart Health in the Americas: Preparing for Success](#), held 30 April to 4 May 2007 at PAHO Headquarters in Washington, DC.



The purpose of this workshop was to finalize the logical frameworks of the winning projects and to train the project teams in the use and evaluation of the basic project curriculum *Your Heart, Your Life*. Focal points from the respective PAHO Country Offices also attended the workshop. Technical support for the project evaluation session was provided by Professor Ligia de Salazar of the Universidad del Valle in Colombia, where the PAHO/WHO Collaborating Center for the Evaluation of Health Promoting Technologies is located.

Progress in the Countries



US-Mexico Border Health Association Diabetes Forum

The 2007 [US-Mexico Border Diabetes Forum](#) was held on 20 May on South Padre Island, Texas. The objective of the meeting was to create a forum where US-Mexico Border health professionals and nontraditional partners can dialog, debate, share, determine, and better implement health policies and programs based on available scientific evidence in the area of diabetes. The forum serves as a pivotal mechanism for the incorporation of new ideas, debates and dialog on key public health issues.

The forum will include three approaches:

1. Membership, including key relevant stakeholders in public health
2. Open Annual Fora
3. A virtual forum

and cover three dimensions:

- a. Development of new health metrics
- b. Focus on social determinants in health processes
- c. Health impact assessment

More than 60 individuals participated in the Diabetes Forum from the US-Mexico Border area, representing organizations from the local, state and federal level from both countries. Presentations made at the forum may be viewed via the (restricted) SharePoint site of the US-Mexico Border Health Library at <http://share.infofrontera.org/forodiabetes>. For information on this site, contact [Rosalba Ruiz](#).

Four working groups were formed and assigned the task of developing a health matrix that will help define needs and future actions in four areas:

- i. Health Policy and Environment
- ii. Surveillance and Research
- iii. Education and Health Promotion
- iv. Outreach and Community, Medical Services

During the course of the day, forum participants enrolled in the National Hispano Latino Diabetes Federation. In closing, participants outlined next steps and commitments.

Source: Rosalba Ruiz, PAHO Field Office in El Paso.

VIGITEL: Brazil's Behavioral Risk Factor Surveillance by Phone



Brazil has released results from its first *Phone Survey Surveillance System for Prevention of CNCD Risk Factors* (VIGITEL), launched by the Ministry of Health in 2006 to address the need for available, up-to-date, high-quality

data to support policy-making, planning, implementation, and evaluation in the area of CNCD prevention and control.

VIGITEL engages in continuous monitoring of the frequency and distribution of risk and protection factors for CNCDs in the country's state capitals

and the Federal District. This involves continuous telephone interviews that assessing respondents' demographic and socioeconomic characteristics, dietary patterns, physical activity, indication of body composition, cigarette and alcohol use, self-evaluation of health, and referral to medical diagnosis for high blood pressure and cholesterol. The sample was probabilistic, estimated at a minimal size of 2,000 individuals 18 years of age or over, living in homes with phone lines. Altogether there were 54,369 phone interviews in 2006 in the 26 capitals and the Federal District. Among the survey's main results were:

Smoking

The prevalence of smoking was 16.2% in the overall population and was higher among males (20.3%) than females (12.8%). Smoking prevalence decreased as educational or schooling level increased.

Overweight

The prevalence of overweight (Body Mass Index / BMI ≥ 25 Kg/m²) was 43% (47.3% in men and 38.8% in women). Among women, overweight decreased as literacy increased. On the other hand, among men, overweight was greater among those who attended school for 12 or more years.

Obesity

The prevalence of obesity (BMI ≥ 30 Kg/m²) was 11.4%, with 11.3% for males and 11.5% for females.

Diet

Adequate fruit consumption (five or more days per week) was reported by 23.5% of those interviewed, with 17.8% in males and 29.1% in females. This increases with age and literacy. A total of 39.2% of the population consumes meat or poultry without removing visible fat, with a higher rate among men (51.2%) than among women (29%).

Physical Activity

Only 14.9% of the general population engages in regular physical activity. Overall, men (18.3%) are more active than women (11.9%). The highest prevalence of physical activity was found in men ages 18–24.

Alcohol Abuse

Alcohol abuse was defined as more than four drinks for women and more than five drinks for men on at least one occasion over the last 30 days. According to this indicator, 16.1% of the general population engaged in alcohol abuse, with 25.3% of men and 8.1% of women reporting the behavior.

High Blood Pressure

The reported prevalence of high blood pressure was 21.6% among the general population, with 18.4% in men and 24.4% in women. Among both men and women, high blood pressure increased with age.

Diabetes

The reported prevalence of diabetes was 5.3% overall (4.4% in men and 6% in women). In both sexes, diabetes prevalence increases with age and decreases with literacy. Women generally present a higher frequency of medically diagnosed diabetes than men.

Conclusion

Among the advantages of the survey is its outstanding agility and low cost. This type of monitoring will be carried out annually and is expected to help advance knowledge of risk factors and protective factors for CNCs in Brazil. It will also generate information for planning programs and interventions, for conducting evaluations, and for carrying out health promotion activities for CNC prevention and control.

Source: Report sent to PAHO by the Ministry of Health of Brazil, Secretariat of Health Surveillance, General Coordination for Noncommunicable Diseases.

Announcements

Upcoming Events

- ➔ Meeting of PAHO/NCD Focal Points, Panama City, Panama, 9–12 October 2007.
- ➔ CARMEN Network Biannual Meeting, Port-of-Spain, Trinidad and Tobago, 5–9 November 2007.



Call for Abstracts, 2nd International Cancer Control Congress

The Ministry of Health of Brazil and the National Cancer Institute of Brazil will host the [2nd International Cancer Control Congress](#) in Rio de Janeiro from 25 to 28 November 2007, and PAHO is pleased to be a co-sponsor of the event. The Congress will bring together cancer control professionals from around the world to share knowledge and learn from one another. The focus will be on what works in different resource settings to facilitate population-based cancer prevention, screening, diagnosis and treatment. The Congress is expected to produce a global community of practice in cancer control. Main topics will include:

- ➔ Similarities between controlling chronic diseases and cancer.
- ➔ Cancer prevention strategies: implementation challenges.
- ➔ Novel approaches and technologies for cancer control.
- ➔ Cancer control outcomes.
- ➔ Investments in population-based cancer control.
- ➔ Mobilization of a global community of practice.

The Congress's Scientific Committee invites the submission of abstracts on these topics. The deadline for submission is Monday, 2 July, 2007. Click for [more information](#) on the Congress and instructions for submitting abstracts.

The PAHO/WHO Chronic Disease Program invites the readers of this newsletter to submit contributions of interest for the Americas. Send contributions (1–3 paragraphs) to Dr. James Hospedales (hospedaj@paho.org) with copy to Pilar Fano (fanopili@paho.org) and Suzanna Stephens (stephens@paho.org). Your feedback on this newsletter would be appreciated. Instructions and criteria can be found on the homepage for this newsletter at the web link below: